

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026099

1. Entity Name

THOMAS L. BROWN, M.D. & ASSOCIATES, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90187 043 ***150.00

Principal Place of Business	Mailing Address
200 NORTHCLIFFE DR GULF BREEZE FL 32561 US	200 NORTHCLIFFE DR GULF BREEZE FL 32561-4440 US

2. Principal Place of Business 5500 N. Davis Hwy.	3. Mailing Address P. O. Box 30053
Suite, Apt. #, etc. Suite 4A	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32503	Country US
Country US	Zip 32503-1053
Country US	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499324	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROWN, THOMAS L 200 NORTHCLIFFE DR GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS L 200 NORTHCLIFFE DR GULF BREEZE FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

850-474-0274

Daytime Phone #